

Editorial to the Special issue:

Psychological Interventions for Depression: A Roadmap to Stable Remission

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It is increasingly acknowledged that depression is not just associated with huge individual suffering but is also one of the most impairing health conditions placing a heavy burden on the direct social environment, (mental) health services, and society-at-large (given the costs associated with sick leave). This is due to the large prevalence rate, substantial levels of non-response to treatment, and high levels of recurrence. This is true despite decades of research effort aimed at understanding depression and improving its treatment. Although in the WHO global burden of disease report (WHO, 2008) depression is considered among one of the most burdensome of disorders, attention and budget being spent on researching psychological therapies is still lagging behind compared to drug discovery for somatic diseases and for fundamental neuroscience research (Ledford, 2014). It has been estimated that in the United States and United Kingdom only 15% of the money spent on research on mental health is spend on research on psychological interventions. (Holmes, Craske, & Graybiel, Nature, 2014).

In facing the challenges of improving understanding of depression it is clear that, given the heterogeneity of risk for depression (e.g., Kendler, Gatz, Gardner, & Pedersen, 2006), a wealth of different research strategies are required and need to be integrated in order to provide more solid answers on which pathogenic mechanisms should be targeted in order to more successfully treat depression. An important observation in this context is that given the divergence between different treatments strategies (e.g., psychotherapy, pharmacology, neurostimulation, etc.) with studies being frequently published in specialist journals, it is not easy to obtain a comprehensive oversight into the most important innovations in this field. Therefore, we felt that there is a clear need for a special issue to bring together research that uses new approaches to gain insights into treatments that have long traditions in depression treatment such as psychotherapeutic approaches and cognitive

behavior therapy. Moreover, we also selected some of the more novel approaches that have been informed by developments within positive psychology and neuroscience. We briefly discuss the papers included in the special issue related to the more traditional and the more novel treatments.

Firstly, there is an increasing understanding of mechanisms and processes that are involved in the more traditional psychotherapeutic approaches to depression. Ever since the pioneering work of Beck (e.g., Beck, 1967) and Ellis (1962), cognitive views of depression have been highly prominent in understanding risk for depression and treatments are thought to act through the cognitive mechanisms described in these models. However, it is far from clear whether treatment acts through these cognitive processes and there is little comprehensive theoretical work addressing this issue, which is the focus of one of the reviews in this special issue (Lorenzo-Luaces, German, & DeRubeis, this issue). Studies examining mechanisms of change in psychotherapy trials have typically relied on rather linear notions about how changes in psychotherapy come about (e.g., dose-response relations; see Hayes, Laurenceau, Feldman, Strauss,, & Cardaciotto, 2007). Research is now increasingly moving towards a more dynamic understanding of the risk mechanisms associated with depression as well as trying to understanding non-linear mechanisms of changes in depression through treatment. This is reviewed by Hayes et al., this issue). Moreover, research on traditional psychological interventions in depression, increasingly show the importance of providing interventions that are linked to the different stages of depression (at-risk for depression, currently depressed, remitted depressed). These interventions have also changed substantially the last decades, based on an increasing understanding of improving resilience to stress. Bockting et al. (this issue) discuss research targeting the crucial stage of relapse prevention which is key to prevent a vicious cycle of

increasing vulnerability to depressive relapse and recurrence after having experienced a depressive episodes.

Secondly, there is rapidly expanding research using novel intervention techniques. One highly interesting development is the provision of psychological interventions through the internet. This allows to reach a much larger population and is considered a key development in mental health (see for instance Kazdin & Blase, 2011). Williams and Andrews (this issue) provide an update on their systematic work on internet Cognitive Behavior Therapy (iCBT). Another interesting development comes from research on positive psychology and well-being. A key feature of these approaches is to target well-being and positive emotions that may have important effects on resilience when facing stress. Waugh and Koster (this issue) discuss the key findings that this literature has provided to target resilience in order to achieve stable remission from depression. Combining research on psychological interventions with neuroscience is described as one of the promising steps to improve insight in depression, working mechanisms of psychological interventions and treatment outcome (see Holmes et al., Nature, 2014). The advances in our understanding the basic mechanisms have inspired translational efforts to develop highly intensive and targeted neurocognitive training interventions aimed at remediating cognitive impairments in depression. De Raedt, Baeken, and Vanderhasselt (this issue) describe their programmatic work in this area using neurostimulation as a novel technique to assist in the treatment of depression.

Overall, there are important advances in understanding and applying psychological interventions for depression. Integrating existing knowledge from psychological and neurocognitive research might hold promise for the development of combined

interventions, allowing a personalized medicine approach for depression treatment, which has the potential to markedly change and improve the way depression is treated throughout all its stages. It is our opinion that we need a wealth of different research approaches to start answering the key question about which treatment is suitable for whom. Here it is key that we do not forget that we have existing interventions that rely on a solid theoretical background with huge data available on its efficacy (e.g., on CBT). It will be of major importance to learn the most from these available data by asking clever questions and using novel conceptualisations and data-analytic strategies (as argued by Hayes et al., this issue). Moreover, novel treatment approaches may provide important new leads and directions that allow to further understand the mechanisms involved in depression to obtain more targeted treatments.

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